12b. <u>Dentures</u>

See dental services - section 10 of this attachment.

TN # $\frac{9/-16}{8}$ SUPERSEDES APPROVAL DATE $\frac{1}{28}92$ EFFECTIVE DATE $\frac{2-1-9}{9}$

12c. Prosthetic Devices

Payment will be the lower of 75% of the provider's usual and customary charge to the general public for the service provided or the Medicare fee established as of July 1, 1993. If there is no Medicare fee the payment will be 75% of the provider's usual and customary charge.

TN # 93-619SUPERSEDES ,

APPROVAL DATE $\frac{3}{3}/\frac{4}{9}$ EFFECTIVE DATE $\frac{10-1-9}{3}$

12d. Eyeqlasses

Payment will be based on a fee schedule established by the state agency. The fee schedule was developed following a review of whosesale cost of lenses and frames and discussions with representatives of the Optometric Association in South Dakota. The fee schedule will be updated as authorized by the South Dakota Legislature.

TN # <u>9/-/6</u> SUPERSEDES TN # <u>9/-04</u>

APPROVAL DATE 1/28/92

EFFECTIVE DATE 7-1-9/

13a. <u>Diagnostic Services</u>

Not provided.

APPROVAL DATE $\frac{1}{2892}$ EFFECTIVE DATE $\frac{7-1-91}{2}$

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13b. Screening Services

Not provided.

TN # $\frac{9/-16}{8}$ SUPERSEDES APPROVAL DATE $\frac{1}{2}$ 8 92 EFFECTIVE DATE $\frac{1}{2}$ -1-9/

13c. Preventive Services

Not provided.

13d. Rehabilitation Services

- 1. Traumatic Brain Injury Unit. Payment will be prospective and based on reasonable and allowable cost following the Medicare program guidelines and principles.
- 2. Community Support Services Program. Payment will be prospective and based on reasonable and allowable cost following the Medicare program guidelines and principles.
- 3. Mental Health Rehabilitation Services. Payment will be prospective and based on reasonable and allowable cost following the Medicare program guidelines and principles.

14. Services for Individuals Age 65 or Older in Institutions for Mental <u>Disease</u>

Inpatient hospital.

Not provided.

b. Skilled nursing services.

See attachment 4.19-D.

c. Intermediate care facility services.

See attachment 4.19-D.

APPROVAL DATE 1/28/92 EFFECTIVE DATE 7-1-9/

15a. Intermediate Care Facility Services

See attachment 4.19-D.

TN # $\frac{9/-1/6}{\text{SUPERSEDES}}$ APPROVAL DATE $\frac{1}{28}$ $\frac{9}{2}$ EFFECTIVE DATE $\frac{1-9}{2}$

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15b. Intermediate Care Facilities for the Mentally Retarded See attachment 4.19-D.

TN # $\frac{9/-16}{\text{SUPERSEDES}}$ APPROVAL DATE $\frac{1}{2}$ $\frac{3}{9}$ EFFECTIVE DATE $\frac{7-1-9}{9}$

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16. Inpatient Psychiatric Facility Services for Individuals under Age 22 Not provided.

TN # 9/-16SUPERSEDES
TN # 9/-04APPROVAL DATE $\sqrt{28/92}$ EFFECTIVE DATE $\sqrt{7-1-9/9}$

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